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CONFIRMATION NO. 2842

SERIAL NUMBER 10/617,484	FILING OR 371(c) DATE 07/11/2003 RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. 5660-01102	
APPLICANTS Thomas D. Marshall, San Antonio, TX;					
** CONTINUING DATA ***** This appln claims benefit of 60/395,432 07/11/2002 <i>yes JP</i>					
** FOREIGN APPLICATIONS ***** <i>none JP</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/08/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i>		STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 3
ADDRESS 35690					
TITLE Model of dental caries					
FILING FEE RECEIVED 594	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		